



# SOUTHERN AFRICAN EMERGENCY SERVICES INSTITUTE NPC

## TRAVEL BOOKING REQUEST FORM

Please PRINT and return the ORIGINAL FORM to:  
295 Jorissen Street, Monument, Krugersdorp, 1739, Off Voortrekker Road  
PO Box 613, Krugersdorp, 1740

1. Initials and Surname

Address

Telephone: Work \_\_\_\_\_ Mobile \_\_\_\_\_  
For Attending: \_\_\_\_\_

Held At: \_\_\_\_\_

Date/s of Meeting: \_\_\_\_\_

**NB!** Bookings must be done at least ten (10) days prior to the intended trip. The cost implication for any "changes" requested after the bookings have been confirmed will be paid by the traveller.

3. **FLIGHT BOOKING REQUEST DETAILS** (Low cost airlines like KULULA/MANGO will be used as preferred choice)

### Details of Departure

Departure From: \_\_\_\_\_

To: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Preferred Departure Time: \_\_\_\_\_

### Returning Details

Returning From: \_\_\_\_\_

To: \_\_\_\_\_

Returning Date: \_\_\_\_\_

Preferred Returning Time: \_\_\_\_\_

4. **VEHICLE RENTAL REQUEST DETAILS** (First Car Rental will be used as preferred choice)

Class/Model (Mark choice with an X)	Group B (Hatchback) 4 2	Group C (Sedan) 4 3	Group Q (Transporter) 8 3	Group Y (Quantum) 10 3
Pick-up/Collection Date	Time		Venue of Collection	
Drop-Off Date	Time		Venue of Drop-Off	

5. **OWN VEHICLE USE DETAILS** (To be completed if own vehicle will be used as preferred choice)

Departing From: \_\_\_\_\_

To: \_\_\_\_\_

Departing Date: \_\_\_\_\_

Departing Time: \_\_\_\_\_

Returning To: \_\_\_\_\_

From: \_\_\_\_\_

Returning Date: \_\_\_\_\_

Returning Time: \_\_\_\_\_

6. **ACCOMMODATION REQUEST DETAILS** (Road, Town & City Lodge Group will be used as preferred B&B choice)

Check-In Date	Nr. of Nights	Check-Out Date
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Notes: \_\_\_\_\_

Signature

Date

FOR OFFICE USE ONLY

Information verified and approved by: \_\_\_\_\_

Signature: \_\_\_\_\_

(Chief Executive Officer/Treasurer)

Date: \_\_\_\_\_

Approval for Travel via which avenue?	Board of Directors Resolution -	Executive Committee Resolution -	Other:
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